

Application for License to  
Operate a Long-term Care Facility

For Office Use Only  
Received 10-15-10  
Amount 1305/1385

emailed validation  
letter 10/29/10  
CHF 29286

I. IDENTIFICATION

Name Colonial Terrace Nursing Facility, Inc  
Address 142 Roger Powell Road  
City/County/Zip Sebree (Webster) 42455  
Telephone number (270) 835-2533 / dluckett@colonial-terrace.com  
Administrator DENESE LUCKETT  
Date facility operation began at current address 11/21/74  
Date facility began operation under current owner 10/84

II. TYPE BEDS	No. beds licensed	No. beds requested
Skilled	_____	_____
Nursing Home	_____	_____
Nursing Facility	<u>87</u>	_____
Intermediate Care	_____	_____
ICF/MR	_____	_____
Personal Care	_____	_____

II. CONTROL (check one in each column)

State  
County  
City  
Private

Profit  
Nonprofit

Individual  
Partnership  
Corporation

II. OWNERSHIP

Name and address of individual owner, partners or corporation. If partnership, list partners.

Colonial Terrace Nursing Facility  
142 Roger Powell Rd.  
Sebree, KY 42455

(OVER)

If facility owned or leased by a corporation, complete the following:

Name of corporation Colonial Terrace Nursing Facility, Inc.  
Address of corporation 142 Roger Powell Rd., SEBREE, KY 42455  
President or Chairman Harold Hancock  
Vice President Chad Hancock  
Secretary Rhonda Hancock  
Treasurer Rhonda Hancock

Attach a separate sheet listing the names and addresses of each person having at least a twenty-five (25) percent ownership interest in the facility.

If owned by a corporation, attach a separate sheet listing the names and addresses of each officer or director of the corporation.

If owned by a partnership, attach a separate sheet listing the names and addresses of each partner.

Name and address of parent corporation and/or management company, if applicable.

Parent	Management Company
_____	_____
_____	_____
_____	_____

I understand that any change in the application that affects my licensure status will be reported to the Office of Inspector General and a new application will be completed at that time. I agree that this facility and all aspects of its operation shall be open at all times to inspection and surveillance by all state agency licensure personnel. I certify that the information given in completing this application is accurate to the best of my knowledge and recognize that falsification of this application can result in denial or revocation of licensure.

Dorise Juckett  
Signature of authorized representative

Administrator 10/6/10  
Title Date

Return Application and fee to:

Office of Inspector General  
275 East Main Street, 5E-A  
Frankfort, Kentucky 40621

OIG 5  
(10/2002)



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Harold and Rhonda Hancock

Harold and Rhonda own 100% of Colonial Terrace